U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

(Mo ppo)				
1. File Number U - 188 93	2. Fiscal Year Covered From:			
	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	Name, file number, and address of labor organization.			
Name Gerald W Shepherd	Name Graphic Communications Conserved International Budhalland Of Teamsters 1055 Labor Organization File Number 39-10-1104 561 48			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 314 Ferguson Road	Street USQ Verora Road			
City Marshall	City Ballle Creek			
State Michigan ZIP Code + 4 49068	State Michigan ZIP Code + 4 49014			
5. Position in labor organization. Secretary - Treadules				
A. Held an interest in, engaged in transactions (including loans) with, or a monetary value from an employer whose employees your organization.				
Name and address of Employer (including trade name, if any).	7.a. Nature of interest, transaction, of income.			
Name }	The second secon			
Trade Name, if any:	Company of the Compan			
P.O. Box, Bldg., Room No., if any	7.b. Amount.			
Street				
City				
State ZIP Code + 4				
Signa Signa	ature			
15. Signature and verification. The undersigned declares, under penalty of F submitted in this report (including the information contained in any accompany) undersigned's knowledge and belief, true, correct, and complete. (See the sec	ng documents), has been examined by the signatory and is, to the best of the			
Signed Sum N Slyped	On <u>8:11-2005</u> <u>3169 - 7181 - L31 8</u> Date Telephone Number			

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Name of Person Filling Gerald W Shephered	File Number U-	· · · · · · · · · · · · · · · · · · ·				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selting or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (including trade name, if any).	9. Business deals with:					
Name Canteen Services	& · · ·					
Trade Name, if any:	a. Labor Organization					
P.O. Box, Bldg., Room No., if any	your c					
Street III McCollum Street	c. Employer					
State Michigan ZIP Code + 4 49053						
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	SAR9 WAY 1 32 A 1/45				
Name	Direct Meeding	The second value of the se				
Trade Name, if any:		A VILLA PRIMA				
P.O. Box, Bldg., Room No., if any		mer orders A new year				
Street	11.b. Approximate dollar value of such dealing.	1 20 00 100 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
City						
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State ZIP Code + 4	12.a. Nature of interest field or income received.	age to the control of				
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7	12.b. Amount.					
State ZIP Code + 4	12.b. Amount.	The second of th				
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	12.b. Amount. r parts A and B above) or other thing of value.	Department of the second of th				
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.b. Amount. r parts A and B above) or other thing of value.	The second secon				
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	12.b. Amount. r parts A and B above) or other thing of value.	Operation of the control of the cont				
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	12.b. Amount. r parts A and B above) or other thing of value.	Operation of the second control of the secon				
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C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	12.b. Amount. r parts A and B above) or other thing of value.					

Name of Person Filing	(sercial)	N Shor	lored	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary vas ubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Canteen Services Trade Name, if any:	a. Labor Organization b. Trust	
P.O. Box, Bldg., Room No., If any Street III McCollum Street	c. Employer	
State Michigan ZIP Code +4 49053		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	**************************************
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Trade Name, if any:	18 holes + Cart	
P.O. Box, Bldg., Room No., if any	Oiner Afterwords	D: 12.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.00 (1.
Street	11.b. Approximate dollar value of such dealing.	4700
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	12.b. Amount.	la company of the control of the con
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.	1 30 100 100 10 10 10 10 10 10 10 10 10 10
Name	And the second s	
Trade Name, if any:	on an analysis of the second s	·
P.O. Box, Bldg., Room No., if any	· · · · · · · · · · · · · · · · · · ·	
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City	ST ALL MAN AND AND AND AND AND AND AND AND AND A	economic activities
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13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	Total Control of the